U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18322	2. Fiscal Year Covered From:			
·	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name SAMUEL EVANS JR	Name I.B.E.W. Local #134			
	Labor Organization File Number 035-399			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 600 West Washington Blvd	Street 600 West Washington Blvd.			
City Chicago	City Chicago			
State Illinois ZIP Code + 4 60661-2940	State Illinois ZIP Code + 4 60661-2940			
5. Position in labor organization. Business Agent				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name University of Illinois Trade Name, if any:	Wife is an authorized vendor for the University of Chicago. Her total contracts for 2004 were \$19,000. The university has full time and part time students and a budget well in the millions. There are 27,800 full time students.			
P.O. Box, Bldg., Room No., if any				
Character and the second control of the seco	7.b. Amount.			
Street 715 South Wood Street				
City Chicago	\$19,000			
State Illinois ZIP Code + 4 60612				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the			
Signed Samuel wans of	On 8-11-05 312 474 4167 Date Telephone Number			

Name of Person Filing	SAMUEL EVANS JR	File Number U-
-----------------------	-----------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

SEE ADDENDUM

dealing with your labor organization or with a trust in which your labor organi	zation is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	and the state of interest field of income federaled.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) SEE ADDENDUM 14.a. Nature of payment.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			

	1		1
Page _	1	of	l

FORM LM-30 ADDENDUM PAGE - SECTION B

FullName:

SAMUEL EVANS JR

File Number:

Unknown

Report Ending Date: 12/31/2004

8.	N/A			
9.	a. Labor Organization			
10.	Labor Mangement Cooperation Committee of Chicago Fi	ve Westbrook Center,	Westchester, IL 60	
11a.	Business promotes the electrical industry in Cook County.	11b.	UNKNOWN	
12a.	All industry annual dinner event.	12b.	UNKNOWN	
8.	N/A			
9.	a. Labor Organization			
10.	Odelson & Sterk, Ltd. 33	odelson & Sterk, Ltd. 3318 West 95th Street, Evergreen Park, IL 6		
11a.	Business provides legal services to local union	11b.	UNKNOWN	
12a.	Dinner meeting to discuss LMRDA election procedures and require	ments. 12b.	UNKNOWN	
inallista de la distribución de la			BOTE FOR SET CONTINUES AND THE SET CONTINUES	
8.	N/A			
9.	a. Labor Organization			
10.	Electrical Insurance Trustees 22	21 North LaSalle Street	t, Chicago, IL 60601	
11a.	Business maintains and administers health and welfare plans for the members.	e union's 11b.	UNKNOWN	
12a.	Annual meeting with Electrical Insurance Trustees	12b.	UNKNOWN	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature 8-11-05
Date